NIH Clinical Center
Nursing and Patient Care Services

<u>CRIS Go-Live</u>
<u>The BIN LIST Answers</u>

I. MEDICATIONS
   ## A. Pop-Up Alerts
   1. **Can a nurse view pop-up alerts several hours or days after an order is entered (agent for orders)? Do they print, can you view why & how handled?**
      - Yes, in the Summary View, under the Information Tab, select Alerts. It will display with date and time the alert appeared.
   2. **Where should the nurse document the rationale given by the prescriber for continuing after receiving a pop up alert?**
      - The Nurse should document the rationale in the comment section of the alert box.
   ## B. Medication & the Medical Care Plan
   1. **The medications appear to be in alpha order on the care plan? Can conditional, PRN and now meds be grouped in separate categories?**
      - No, not for phase I, they are listed currently in alphabetical order.
   2. **Med list – will the orders be grouped by type/color?**
      - No, they are listed in alphabetical order.
   3. **How will insulin orders display on the medical care plan? How will the schedule time appear?**
      - The sliding scale will appear on the medical care plan. The order will appear as a "to be scheduled" medication on the work list with instructions to give ie half hour before meals.
   ## C. Will the nurses in the outpatient areas need to "complete" medication orders in the computer as they currently do now?
   1. No, the order is "Marked as done" when the nurse charts that the med has been given on the work list.
   ## D. Pass Meds and Take-Home Meds
   1. **Should the nurse suspend the medications if the patient is supposed to take a medication while out on pass? If yes, how do they chart the medication when the patient returns? Will take home medications have to be completed when the patient returns from pass?**
      - Yes, they should be marked as done. This can be done in batches by dragging your cursor over the meds to be charted. In addition, a note should be entered in the "Off Pass" section of the clinical documentation note to reflect that the patient reported he or she took their meds.
   2. **Can the option to suspend include "patient out on pass"?**
      - Not for phase I, this needs to be typed in currently
   3. **How will take home med orders appear on the medical care plan?**
      - Medication orders will appear under the Active Order section of the Medical Care Plan. The words **Take Home Med** will appear bolded and indented under the order. See example on revised Medical Care Plan sent to nurse managers and super users.
   4. **When will the order requisition for take home meds print? Nurses report they currently send a signed transmittal to pharmacy when narcotics are ordered for a patient going home or out on pass.**

An order requisition for take home Schedule II Narcotics will print when the order is verified and should be signed by the prescriber and given to the pharmacist per your usual practice. An order requisition will not print for other take home medications that are not narcotics.

E. **Medication Verification**
1. **What is pharmacy's time frame for verifying medications?**
   - Their goal is 15 minutes for all meds…will need to stay in contact with pharmacy as they go live to see if this is working for them.
2. **How are "now" orders processed by pharmacy?**
   - These are handled the same as STAT meds.
3. **Are IV fluids without additives verified?**
   - Yes

F. **Work List**
1. **How long does a discontinued med stay on the work list with a strike through**
   - If the order was discontinued during the view that you are looking at (i.e. 24 hr view or 8 hr. day shift view), it will not display during the next 24 hr. viewer or the next 8 hr. evening shift view.
2. **Because IV's are not scheduled meds, how will you know if it has not been charted? Can you end if not started?**
   - Document on appropriate time cell "mark as done", the default time can be accepted in the "administered to" field; appropriate fields can be filled out i.e. #bag hung, rate) The same thing should be done when ending a bag and hanging up a new bag i.e. stop bag #1 and hang bag #2. IV site assessments can be documented under Circulation (VAD observations).
3. **How do you check for overdue/undocumented meds?**
   - Look for the medications highlighted in Red on the work list.
4. **What will the outpatient area use to administer meds? Will they have a work list?**
   - The work list is available on-line and can be printed on demand.
5. **How will we track which IV bag is up when required by research protocol and how much volume the patient has received?**
   - The work list allows you to document the bag # taken down and bag # put up. For further clarification review past documentation and/or clarify with previous caregivers. The intake and output flow sheet can be used to document the total volume administered. Drugs such as IL-2 and chemo have fields in the document form that will capture this information.
6. **Patient goes to Special Procedures, and receives medication during the procedure. What shows on the work list when patient returns to the unit?**
   - A flag will appear that a new order has been entered on the patient. Additionally, the initials of the RN administering the medication will appear on the medication work list next to the medication that was given. This does not eliminate the need to cover this information during report when the patient is transferred back to the unit.
7. **How will a medication that is ordered as "given" be documented? Can the order be written as "given at 10:00" and appear on the work list as given or will the nurse need to document separately?**
   - Unless this is an urgent clinical situation, it is recommended that all orders be entered, then verified. If a med is ordered as given (marked as done), it will still appear in the work list after verification and will still require the nurse to document that it was given (marked as done).

G. **Miscellaneous**
1. **What is the difference between PRN and conditional?**

- A PRN med can be attached to a time interval. Tylenol PRN Q4-6 hours, where as a conditional med is activated when the condition is met i.e. Potassium Bicarbonate 25mEq for K+ under 3.1 and is not tied to any time intervals.

2. **Will a Med/IV replacement service requisition generate a label in pharmacy?**
   - Yes

3. **Can the nurse adjust the medication times?**
   - Yes, this can be done by clicking on the current dose to be administered and selecting the option to "reschedule all instances of this med**"**. This takes you to a form which enables you to change the scheduled times by removing the unwanted times and adding new times.

4. **Should the charge nurse receive an end of shift report showing all undocumented meds for the unit?**
   - A report is no longer needed since the charge nurse can look at the work list for the entire unit and quickly identify any overdue or uncharted meds (displayed in red).

5. **How will documentation look for "Now" orders and will these orders go away once charted against?**
   - These medications will be charted like one time meds and will need "to be scheduled." Then the order will go away after the nurse has charted (marked as done).

II. ADT Related Questions

A. **Is there an "Unavailable Bed" status in CRIS? For example, what do we do when a PCU needs to admit a patient to a bed currently occupied by a patient on a long-term pass?**

1. A transfer order is written and the patient is moved to the unit's "holding spot" (unit designation without a bed number) Then, the nurse would use the intra-unit transfer function (Service Requisition) to return the patient to a bed when the patient returns from pass.

B. **The following questions are addressed in detail in the CRIS User Manual. In order to avoid confusion, please refer to Chapter I**.

1. When is a medical order needed to transfer a patient?

2. What are temporary locations and how are they used?

3. How will orders be handled when the patient goes to the OR?

4. Does the nurse have to suspend all orders prior to sending patient to OR?

5. Do orders automatically transfer across from pre-NIH to in-patient visit?

6. Is the OR and Specials Procedures in the temporary locations list?

7. Is an order needed to transfer a patient to the OR?

8. Is an order needed to transfer a patient to the OR? Does the patient move once the nurse "marks as done" on the work list?

9. Is apheresis listed as a temporary location?

10. When is order needed for a transfer? Clinic to clinic? Clinic to OR?

III. LAB RELATED

A. **Bar Code Label**

1. **Timed draws – do labels print all at once or when they are due? If they print when due, how far in advance will a timed draw print…for example, 2pm labs to be drawn each day x 3.**

- The plan is for them to print 8 hours in advance.

2. **Where should the RN write the time or other requested information on the bar code label? Will it all fit on the new labels…see DLM document regarding samples requiring documentation on the label and/or requisition?**
    - At the bottom of the label. Please do not write over the barcode. If there is not enough space, please write the information on the order requisition and send the requisition with the specimen.

3. **If bar code label has a number of specimens embedded in the bar code but they don't all appear on the label because of space, how does the nurse confirm she has drawn all the tests?**
    - The number of tests should be specified in the order.

4. **If there are other areas that are "all RN draws", can they have the same exception with respect to the printing of labels that 2J and 10D have for AM draws. (Possibly 11E, 4W).**
    - For CRIS Go-Live, only 10 D and 2 J will have this exception. Phlebotomy service will call the units every morning to confirm whether or not there is any need for OP Phlebotomist. If the answer is no, then he/she will ask if they would like the labels to be tubed to the unit.

5. **Timed specimens…such as draw ordered at 2, 4 and 6 hours…does it matter if you use a particular label? Is the time built into the barcode?**
    - No the time is not built into the barcode. The RN should write the time on the label that the specimen was obtained.

6. **Will both the typenex label and the new lab labels fit on the specimen tube?**
    - Yes

7. **Will bar code labels come off when exposed to ice or water?**
    - Yes. If you are sending a specimen on ice, place the bagged specimen in ice to keep it from being exposed to moisture and then double bag.

B. **Research Draws**
1. **Do the bar coded labels need to be used on those research samples that go to the research lab instead of to DLM?**
    - This is preferred but an admissions label and order requisition can be used.

2. **Will the research bloods that are sent to the research labs use the bar code labels (i.e., Growth hormone study)? Some of these are labeled ahead of time (research blood draws on 8E).**
    - Yes.

C. **Lab Order Requisition**
1. **Census Sheet – can we change the time to print to earlier in the morning (before 4 AM)?**
    - We can request this but it will be a worksheet. Currently a census sheet is not designed to print from CRIS.

2. **On lab requisition – will there be prompts for the RN to remind them to document required data like peak & trough?**
    - Yes. Now there will be separate tests for peak and trough levels.

D. **Serial blood samples**
1. **Requisition for serial daily draws – do you get a daily requisition or must the nurse reprint the requisition if it is not saved?**
    - Daily order requisitions will print daily.

2. **Is it a problem if the unit looses/forgets to send the extra labels if all the labels in a particular series were not needed.**
    - The lab has requested that these labels be sent with the serial bloods. If some labels are missing, send a notice to the lab to alert them that some labels were misplaced.

3. **If the nurse accidentally uses label 10 on tube 3 – is that a problem?**
   - An admissions label can be used with the correct number within the sequence written on the label.
4. **If a specimen is drawn out of sequence in the serial, what do I do?**
   - The change must be reflected on both the requisition and the tube.
5. **Can the nurse use an admission or handwritten label if the tube fails and write the change on the requisition?**
   - Yes
6. **MD ordering serial tests – how do they know how many serial test sets to order or is it preset by type of test?**
   - It is determined by the test or the protocol.
7. **When will the requisition go with the serial test if you are sending it down immediately after each draw because the sample is so fragile and cannot wait? Ex/glucose tolerance test (as required for testing)**
   - It will go with the first specimen and then the lab will "check in" the subsequent tubes sent on this order.

E. **Lab Results**
   1. **Will the lab results automatically print out?**
      - No.
   2. **Can we print a lab result as a report?**
      - Retrieve results on-line.

F. **Miscellaneous**
   1. **What is the best way to handle 24-hour urine collections for patients being sent home?**
      - The best way to handle this is to enter as "Future Outpatient" order. When the patient returns to either phlebotomy or, their inpatient/outpatient unit, the order can then be released to obtain the order requisition.
      - Remember that a start and stop date & time must be recorded on each jug or the order requisition.
   2. **How will specimens of patients that never come to NIH be handled?**
   3. **Outpatient – if bloods are needed on M/W/F, how will they be ordered? Specifically, will the today order type be used or the future outpatient/pre-admit order type be used? What are the prescribers being taught?**
      - Future outpatient orders should be entered as future outpatient hold orders for release when the patient arrives in phlebotomy.
   4. **Will anatomic pathology or cytology specimens use same barcode label?**
      - The anatomic pathology lab will use admissions labels and order requisitions.
   5. **Active Master order if ordered X5 days – is stop date automatically entered by the computer?**
      - Yes
   6. **Some specimens are brought directly to the OP Phlebotomy by outpatients instead of going to the clinic first….can the lab release the orders for these specimens?**
      - Yes. The unit will be notified by the phlebotomist to request that the sending of the requisition to the lab for certain tests (i.e., 24 hour urines need time documented on the specimen and on the requisition)?
   7. **How will the labels and requisitions get to the inpatient units when outpatients are sent to the inpatient units for blood samples (i.e., 11W and 2E)**
      - The labels can be directed to print in the area the patient is having the lab tests done. The requisition can be sent with the patient or by the tube.

8. **How will the research nurses learn about the lab related changes…especially the order related info which has implications for management of the labels?**
   - DCRI held orientation classes for the research nurses.

IV. Orders Management

A. Medical Care Plan

1. **Can the patient's diagnosis be added to the medical care plan?**
   - No
2. **When will the medical care plan (MCP) and the work list print out each shift? MCP/work list – can they be printed on demand? If so, how?**
   - At the same time that they are currently; 1.45 hrs. prior to the end of shift.
3. **When suspending an order, will the descriptive reason for "suspending" appear on the medical care plan (ex. Suspend: To "OR")?**
   - The word "suspended" will appear in bold and be indented on the medical care plan if an order has been suspended.

B. Hold & Release

1. **Can imaging services release orders because some outpatients may go directly to procedure area?**
   - Yes
2. **Outpatient chemo times 5 days – how is the order written…will the nurse need to release the order each day?**
   - Yes, outpatient orders should be written as future outpatient orders which require the nurse to release them as appropriate.
3. **Future outpatient/pre-admit – are there any situations where the nurse is not allowed to release these orders?**
   - **No, the nurse should release as appropriate on the scheduled date.**
4. **Can a hold order be released early?**
   - Yes, up to 7 days early.

C. Miscellaneous

1. **Mental Health orders weekly random urines…how would this be entered as an order…conditional or some other type of order?**
   - Select order, i.e. "Random Urine electrolytes", Select repeat: weekly: day of the week: Scheduled time is "routine" and enter range of repetition i.e. "end after XX occurrences or start/end time.
2. **Will there be an ability to turn off hourly printouts of the work list if unit does not use them?**
   - Yes, not for Go-Live but we will explore this after the system goes live.
3. **Conditional orders – can they be entered without a condition?**
   - Technically yes, but the purpose of this type of order is to specify a condition.
4. **How long will flags stay on, once turned on by the nurse?**
   - They stay on until the nurse acknowledges them OR turns them off.

V. Labels:

A. Admission labels

1. **Will the new labels correct the issues we had with truncated names?**
   - Yes, CRIS will not truncate names on the labels.
2. **How do you print admission labels?**

- Create temporary list with just <u>one patient;</u> select print icon. To print ADM labels: create a temporary list with one patient only, select print icon from tool bar,

    3. **Can the admissions area provide back up if zebra printer is down on a unit? If pre-admit labels are needed?**
        - The zebra printers are not really made to do large admission labels jobs, labels can still be re quested from admissions especially for large requests.

B. **Bar Code Labels**
    1. **Will the units who currently obtain "special" serial test labels from admissions use the same process when CRIS goes live?**
        - Yes
    2. **11EDH – need to check if they are getting a zebra printer.**
        - Not at this time, they will share with 11E nursing unit.
    3. **Are labels thermal protected?**
        - Yes
    4. **Can the label be directed to DTM?**
        - Yes
    5. **Additional information**
        - At 0445, bar code labes will print in DLM and will include all a.m. and time sensitive tests ordered up till 0500.
        - Any labs ordered after 00:00 will print at 0430 unless ordered as time sensitive or STAT. If ordered as STAT or time-sensitive, e.g., 0200, will print at the time order is placed and at the designated location.

C. **Miscellaneous**
    1. **Where will printing occur for OP-1 (Dental)?**
        - Labels will print in admissions area.
    2. **Will bronchoscopy and dental clinic receive a zebra printer?**
        - Not at this time.
    3. **Will Endoscopy have a CRIS printer and a label printer?**
        - Not at this time.
    4. **If no CRIS printer is in place, where will the order requisitions print?**
        - On the old MIS printer

VI. **Miscellaneous:**

A. **Un-reviewed allergies**
    1. **Does this need to be cleared with each outpatient visit or encounter? (Needs allergy review – yearly message).**
        - No, only when patient's visit changes from Outpatient to inpatient and vice-versa. That does not eliminate the need to check the patient's allergy status on each encounter.

B. **Flags**
    1. **If I make my patient list on Saturday and turn flags on – then on Sunday add a few patients (Please Note: flags need to be turned on for these <u>NEW</u> patients), do I check my flags again on all patients or just the new patients?**
        - Flags will appear if there are new orders on the patients.
        - We are recommending that the flags be turned "on" at the beginning of a shift and "off" at the end. The user can "clear the flags" (from their view only) and then any new orders, results, documents will trigger a flag…this is simply a notification for the individual user.
        - Red flags mean stat order (in order column) or abnormal lab results (in results column); green flags will appear in documents column only – no stat or abnormal documents.

C. **What will not be active in CRIS on the Go-Live Date?**

    1. ICM form will not be in CRIS at go live.

    2. Also need to re-enforce that the MD documentation will continue to be on progress notes.

D. **Will printouts print at night?**

    1. Yes they will print at the same time as always.

E. **Is there some indication on documents that are permanent record vs. not permanent?**

    1. Yes, "Do not file in chart" will appear on the bottom right corner of the document if the document is not part of the permanent record. If the document is part of the permanent record, it will have a NIH document number on the bottom right corner.

F. **Can the size of the font be changed on the MCP?**

    1. No

G. **How will you know if blood is ready to be picked up?**

    1. Look under the results tab, status will say "selected" and product numbers of the available components will display. No print out will occur. When ready submit a service requisition for blood product pickup to messenger and escort (found under the DTM category)